



CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8A)

I hereby certify that this correspondence is, on the date shown below, being:

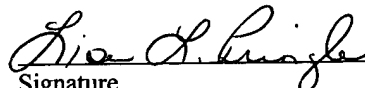
MAILING

X deposited with the United States Postal Service,
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Trademark Office.

Date: 13 June 2006



Signature
Lisa L. Pringle
(type or print name of person certifying)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
)
William F. Courtney) Group Art Unit: 2618
)
Serial No.: 10/662,255) Confirmation No.: 2407
)
Filed: 15 September 2003) Examiner: Quochien B. Vuong
)
For: *Asymmetric Assignment of Space-Borne Communication System Resources*

RESPONSE TO OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 19, 2006, issued in connection with the
above-identified application, please enter and consider the following remarks.

Remarks/Arguments begin on page 2 of this paper.



AF/Ifw

PATENT
ATTORNEY DOCKET NO.: NG(ST)7015-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): William F. Courtney

Confirmation No.: 2407

Application No.: 10/662,255

Examiner: Quochien B. Vuong

Filing Date: 15 September 2003

Group Art Unit: 2618

Title: Asymmetric Assignment of Space-Borne Communication System Resources

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|-----------------------------|--------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Response/Amendment | <input type="checkbox"/> | Request to extend time to respond |
| <input type="checkbox"/> | New fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input checked="" type="checkbox"/> | No additional fee | | |
| <input type="checkbox"/> | Other: _____ (fee \$ _____) | | |

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS		MINUS		0	\$50.00	\$0.00
INDEP. CLAIMS		MINUS		0	\$200.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					\$360.00	
EXTENSION FEE	1ST MONTH	2ND MONTH	3RD MONTH	4TH MONTH		
	\$120.00 <input type="checkbox"/>	\$450.00 <input type="checkbox"/>	\$1,020.00 <input type="checkbox"/>	\$1,590.00 <input type="checkbox"/>		
OTHER FEES						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

Charge \$ _____ to Deposit account 20-0090. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

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Date: 13 June 2006
Lisa L. Pringle

Signature

Respectfully submitted,

By
Christopher P. Harris
Attorney/Agent for Applicant(s)
Reg. No.: 43,660
Date: 13 June 2006
Telephone: (216)621-2234